

EXHIBIT 27

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Maribel L. Mendoza

Participant's Address: P.O. Box 1124 Cidra, P.R. 00739

Participant's Email Address: _____

Name of Counsel: Titulo III Promesa

Address of Counsel: _____

Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 82150

Nature of Claim: Public Employee and Pension Retiree Claim

By: Maribel L. Mendoza
Signature

Maribel L. Mendoza
Print Name

Title (if Participant is not an individual)

Sept 6, 2021
Date

RECEIVED
SEP 15 2021
PRIME CLERK

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Maribel L. Mendoza

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SEP 15 2021
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NASHVILLE TN

10 SEP 2021 PM 5 L



Prime Clerk LLC
Grand Central Station
P.O. Box 4850
New York, NY 10163-4850

10163-485050



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Maribel L. Mendoza
Participant's Address: P.O. Box 1124 Cidra, P.R. 00739
Participant's Email Address: _____
Name of Counsel: Titulo III Promexu
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 95325
Nature of Claim: Public Employee Claim

By: Maribel L. Mendoza
Signature

Maribel L. Mendoza
Print Name

Title (if Participant is not an individual)

Sept. 16, 2021
Date

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Maribel L. Mendoza
P.O. Box 1124
Cidra, P.R. 00739

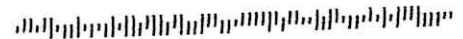
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NASHVILLE TN 37203



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Grand Central Station
P.O. Box 4850
New York, NY 10163-4850

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Maribel L. Mendoza
Participant's Address: P.O. Box 1124 Cidra, P.R. 00739
Participant's Email Address: _____
Name of Counsel: Titulo III Promesa
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS
Nature of Claim: The Commonwealth of Puerto Rico

By: Maribel L. Mendoza
Signature

Maribel L. Mendoza
Print Name

Title (if Participant is not an individual)

Sept 6, 2021
Date

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Maribel L. Mendoza
P.O. Box 1124
Cidra, P.R. 00739

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